

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street) ▼

3601 Vincennes Road

PO Box 68700

☐ Check if different than previously reported. (ACC)

Indianapolis

IN

46268

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer

Mr. Gregg A. Dykstra J.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		94271.84
(b) Cash on Hand at Beginning of Reporting Period.....	95214.29	
(c) Total Receipts (from Line 19)	47848.10	117490.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	143062.39	211762.14
7. Total Disbursements (from Line 31)	81842.86	150542.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61219.53	61219.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 03 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

27118.35

63037.53

(ii) Unitemized

18146.17

43680.25

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

45264.52

106717.78

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

9500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

47764.52

116217.78

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

79.27

261.06

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

4.31

1011.46

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

47848.10

117490.30

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

47848.10

117490.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	342.86	542.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	342.86	542.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80500.00	146000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	4000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	81842.86	150542.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81842.86	150542.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	47764.52	116217.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47764.52	116217.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	342.86	542.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	79.27	261.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	263.59	281.55

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Neil Aldredge

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : AC7045C6B07D24FC1A2A

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Neil Aldredge

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : A8C2935BBFD5943D683F

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Scott L. Arenholz

Mailing Address PO Box 64

City
Red Oak

State
IA

Zip Code
51566-0064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer Mutual Insurance Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : A6486C3576D4C4995827

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 59
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph J. Babiak

Mailing Address 404 E Woodlawn Ave

City State Zip Code
Hastings MI 49058-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hastings Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2016

Transaction ID : A2A61D043CEFF473D9F0

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John S. Benson

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

03 / 11 / 2016

Transaction ID : A60F7675ED6644CA983D

Amount of Each Receipt this Period

116.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. John S. Benson

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

03 / 25 / 2016

Transaction ID : A1313772E6A5843488DE

Amount of Each Receipt this Period

116.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

732.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 OF 59

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Arlen Briggs

Mailing Address 550 Eisenhower Rd

City State Zip Code
 Leavenworth KS 66048-1190

FEC ID number of contributing federal political committee.

C

Name of Employer

Armed Forces Insurance Exchange

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 24 2016

Transaction ID : AA30DA82C75C34E1E90D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John Buckley

Mailing Address 5350 W 78th St

City State Zip Code
 Edina MN 55439-3101

FEC ID number of contributing federal political committee.

C

Name of Employer

Western National Mutual Insurance Comp

Occupation

Director of Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 14 2016

Transaction ID : A7BA01523711E420BAD9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Scott Carmack

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Vice President of Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 03 2016

Transaction ID : AD64F6720984F4660902

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 04 / 2016

Transaction ID : AC52B5877ED6F4465B3C

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

03 / 23 / 2016

Transaction ID : AB3ED988CCF2447BEAA0

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

03 / 31 / 2016

Transaction ID : ADF92DEF0D0BB4740B41

Amount of Each Receipt this Period

90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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PAGE 10 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Julianne Chapman

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pioneer State Mutual Insurance Company

Director, Sales & Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 03 / 2016

Transaction ID : AA451400D432140AF875

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Christopher Cleveland

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pioneer State Mutual Insurance Company

Vice President & Chief Actuary

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 03 / 2016

Transaction ID : A80F8278D56AC46B8979

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Mark Coe

Mailing Address PO Box 111

City

State

Zip Code

Bucyrus

OH

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio Mutual Insurance Company

IT Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

03 / 31 / 2016

Transaction ID : A3A2D1B7CB43B4E00B6C

Amount of Each Receipt this Period

39.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

639.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. William Comstock

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Liberty Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : A8C56F5452EC74CA695F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Dan Czmer

Mailing Address 6055 Byram Lake Dr

City State Zip Code
 Linden MI 48451-8784

FEC ID number of contributing federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : AD7D8F272049B443C91C

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Jack D'Arcy

Mailing Address 6603 Cooper Rd

City State Zip Code
 Marlette MI 48453-9753

FEC ID number of contributing federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : A611BD20A5F2648F1A37

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Davis

Mailing Address 1430 Manistee Dr

City

Grand Blanc

State

MI

Zip Code

48439-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 03 / 2016

Transaction ID : A6780D58B1B1345ECBC5

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Dan DeArment

Mailing Address PO Box 646

City

Bedford

State

PA

Zip Code

15522-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Friends Cove Mutual Insurance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

03 / 21 / 2016

Transaction ID : AB327D101BAA64FEB826

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Rick DeGraw

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President & Chief Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

03 / 07 / 2016

Transaction ID : A49154B4A05F54D4286E

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

691.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rick DeGraw

Mailing Address 3030 N 3rd St

City
Phoenix

State
AZ

Zip Code
85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President & Chief Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

03 / 17 / 2016

Transaction ID : AFE5F0E7512C74C0990C

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Robert Detlefsen PhD

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.40

Date of Receipt

03 / 04 / 2016

Transaction ID : ABC3F14E426F84160A74

Amount of Each Receipt this Period

43.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mr. Robert Detlefsen PhD

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

03 / 23 / 2016

Transaction ID : AA910BF8328F143CCA0A

Amount of Each Receipt this Period

43.48

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Detlefsen PhD

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : A5AF020667A1D4FAE8CF

Amount of Each Receipt this Period

43.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City
Indianapolis

State
IN

Zip Code
46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : ABBA5059052494A368D5

Amount of Each Receipt this Period

96.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City
Indianapolis

State
IN

Zip Code
46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : AB010065546CA4F3DA7A

Amount of Each Receipt this Period

96.16

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

235.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 59
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City
IndianapolisState
INZip Code
46268-1154FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	6		

Transaction ID : A6271F744D4504DCD990

Amount of Each Receipt this Period

96.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Fred A. Edmond Jr.

Mailing Address 1 Mutual Ave

City
FrankenmuthState
MIZip Code
48787-1000FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	1		2	0	1	6		

Transaction ID : ABF6941F5F7AF48C2BE8

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Fred A. Edmond Jr.

Mailing Address 1 Mutual Ave

City
FrankenmuthState
MIZip Code
48787-1000FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	5		2	0	1	6		

Transaction ID : A717449C7645142119FD

Amount of Each Receipt this Period

77.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

250.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 59

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pam Emmendorfer

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pioneer State Mutual Insurance Company

Vice President of Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
03				03				2016					

Transaction ID : A203CA28289E74E68971

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Stephen F. Fabian

Mailing Address 200 N Main St

City

State

Zip Code

Bel Air

MD

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Harford Mutual Insurance Company

Vice President, Chief Information Offi

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
03				31				2016					

Transaction ID : A20745180E22646B68A9

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Michael L. Faron

Mailing Address 222 Ames St

City

State

Zip Code

Dedham

MA

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Norfolk & Dedham Mutual Fire Insurance

Commercial Lines Business Unit Leader

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
03				22				2016					

Transaction ID : AF0E04F776FEE451D877

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

423.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 59

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kurt P. Foley

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pioneer State Mutual Insurance Company

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : AAE7A8D7DAC26484090A

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Brad Fortner PFMM, FMDC

Mailing Address 703 W Poplar St

City

State

Zip Code

Rogers

AR

72756-4443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Farmers Protective Mutual Insurance Co

Chief Operations Officer/Secretary

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : A3F64C21253B74A29A1B

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mr. Brad Fowler

Mailing Address 214 McElwain Dr

City

State

Zip Code

Cameron

MO

64429-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cameron Mutual Insurance Company

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : ADCB303DA6F5740EE8BD

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Chuck Garry

Mailing Address 1510 N Elms Rd

City State Zip Code
Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Vice President - Director of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2016

Transaction ID : AA8F15289C0624556881

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Bryan Gilleland

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2016

Transaction ID : AFA7DD8321C1B4E3AB19

Amount of Each Receipt this Period

38.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Gordon H. Gingrich

Mailing Address 711 Surfwood Ln

City State Zip Code
Davison MI 48423-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2016

Transaction ID : A180FFD5D9A5F4FE7959

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

638.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Harlan W. Gingrich

Mailing Address 7456 Wicklow North Dr

City

Davison

State

MI

Zip Code

48423-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 03 / 2016

Transaction ID : AD8794657E47A455C8C4

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chris Goeglein

Mailing Address PO Box 2227

City

Fort Wayne

State

IN

Zip Code

46801-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brotherhood Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 03 / 2016

Transaction ID : AE112667A573A4217B2A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Yvette Gonzales

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Senior Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

03 / 07 / 2016

Transaction ID : A4E3FF3AD4160461E860

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

591.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Yvette Gonzales

Mailing Address 3030 N 3rd St

City
Phoenix

State
AZ

Zip Code
85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Senior Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : A1E8B157CF80F4CFDB2C

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Jimi Grande

Mailing Address 122 C St NW
Ste 540

City
Washington

State
DC

Zip Code
20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : AE28E3A39C64F40BA982

Amount of Each Receipt this Period

113.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Jimi Grande

Mailing Address 122 C St NW
Ste 540

City
Washington

State
DC

Zip Code
20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : A1F97AB5823DE4F0597A

Amount of Each Receipt this Period

113.64

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

268.95

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 59

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jimi GrandeMailing Address 122 C St NW
Ste 540

City	State	Zip Code
Washington	DC	20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2016			

Transaction ID : A352DE266F7AD448B8D6

Amount of Each Receipt this Period

113.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Norman Greczyn

Mailing Address 550 Eisenhower Rd

City	State	Zip Code
Leavenworth	KS	66048-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Armed Forces Insurance Exchange

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2016			

Transaction ID : AED54CFACABAF4F4D84C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Jonathan C. Grether MSIM, CPCU

Mailing Address PO Box 370

City	State	Zip Code
Algona	IA	50511-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pharmacists Mutual Insurance Company

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			23			2016			

Transaction ID : AE52A214DF31A4C8BBD3

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

613.64

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 59
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald J. Habegger

Mailing Address 12284 Kiska Cir NE

City	State	Zip Code
Blaine	MN	55449-6648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brotherhood Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : AB56FFD78016D41F0A04

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John HairMailing Address 122 C St NW
Ste 540

City	State	Zip Code
Washington	DC	20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Federal Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : A669C249870AE4F2E94E

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. John HairMailing Address 122 C St NW
Ste 540

City	State	Zip Code
Washington	DC	20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Federal Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : AD3A64E79A89A46E3B56

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

330.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

Chairman, President, & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

03 / 22 / 2016

Transaction ID : A3C49ED359FCB49BC8F4

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Stuart Henderson

Mailing Address 5350 W 78th St

City

Minneapolis

State

MN

Zip Code

55439-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 11 / 2016

Transaction ID : A3AE4AC76A6A64824995

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Michael Hobson

Mailing Address 11983 Townline Rd

City

Grand Blanc

State

MI

Zip Code

48439-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 03 / 2016

Transaction ID : AD488C1BBAB0748F6AB2

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2838.46

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy Jacobson CPCU, CFE

Mailing Address 5350 W 78th St

City

Minneapolis

State

MN

Zip Code

55439-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western National Mutual Insurance Comp

Occupation

Director, Special Investigations Unit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 31 / 2016

Transaction ID : A7BBBB2C24B7A4720AA3

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Rick Jones

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President, COO & Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

03 / 07 / 2016

Transaction ID : A9885A8D3411347F79F4

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Rick Jones

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President, COO & Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 17 / 2016

Transaction ID : A153C10E74B0243C0AEA

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Karol

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Federal Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.30

Date of Receipt

03 / 04 / 2016

Transaction ID : A16860C80D9CA43AD811

Amount of Each Receipt this Period

45.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Karol

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Federal Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.76

Date of Receipt

03 / 23 / 2016

Transaction ID : AD27798515F1241768E6

Amount of Each Receipt this Period

45.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Karol

Mailing Address 122 C St NW
Ste 540

City Washington State DC Zip Code 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Federal Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.22

Date of Receipt

03 / 31 / 2016

Transaction ID : AFD8B39FD5E8F46B28EF

Amount of Each Receipt this Period

45.46

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

136.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jami Kelly

Mailing Address 1 Mutual Ave

City State Zip Code
 Frankenmuth MI 48787-1000

FEC ID number of contributing federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 25 2016

Transaction ID : ADA522F67F1A14EE9B77

Amount of Each Receipt this Period

39.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Andrew Knudsen

Mailing Address 1 Mutual Ave

City State Zip Code
 Frankenmuth MI 48787-1000

FEC ID number of contributing federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 25 2016

Transaction ID : A2E4682A67726432599B

Amount of Each Receipt this Period

38.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Steven D. Linkous

Mailing Address 200 N Main St

City State Zip Code
 Bel Air MD 21014-3554

FEC ID number of contributing federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : AB021892B37274251A5F

Amount of Each Receipt this Period

209.32

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

286.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian D. Lopata

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

SVP, Profit Center Operations & Custom

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : A7D9C5264FE03430EB26

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Brian D. Lopata

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

SVP, Profit Center Operations & Custom

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : ADB85B3353D2D4913AAD

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey Lopata

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Manager - Commercial Lines E-Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : A525A32E9200E467ABBC

Amount of Each Receipt this Period

76.94

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

196.94

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey Lopata

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Manager - Commercial Lines E-Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : AC6AC0C4FEE6F4A6B913

Amount of Each Receipt this Period

38.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Lisa Lott

Mailing Address 1510 N Elms Rd

City State Zip Code
Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Vice President/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : A68963EB45ACA4EF4A13

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Sammy Mah

Mailing Address 1222 1/2 Cooksie St

City State Zip Code
Baltimore MD 21230-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brotherhood Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : A6A1C1777712C4AF1A56

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

588.47

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 59
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen Mashinski

Mailing Address 200 N Main St

City	State	Zip Code
Bel Air	MD	21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : A3D0E9559696B43DAA58

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Phil McCain

Mailing Address 1 Mutual Ave

City	State	Zip Code
Frankenmuth	MI	48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : A7DC8F5AFA6F4484C99D

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Brian S. McLeod

Mailing Address 1 Mutual Ave

City	State	Zip Code
Frankenmuth	MI	48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : ACFE21CCC4CC44288865

Amount of Each Receipt this Period

38.54

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

160.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 23 / 2016

Transaction ID : A777F4A12A0D0401B818

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 31 / 2016

Transaction ID : A5DA632EE600641BEA80

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Dona L. Mohr

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 28 / 2016

Transaction ID : A1481946B4B4945758EF

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dona L. Mohr

Mailing Address 1725 Hopley Ave

City State Zip Code
 Bucyrus OH 44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Mutual Insurance Company

Occupation
 Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : A203DD22B4D8146D8B36

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Eric Nelson

Mailing Address 1460 Wells St

City State Zip Code
 Enumclaw WA 98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mutual of Enumclaw Insurance Company

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : A20FD194EA8C74213926

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Tony Paris

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Vice President, CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : AA9293EC1E2874C0AB7B

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

795.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John A. Paul PFMM, FMDC

Mailing Address PO Box 498

City State Zip Code
 Council Bluffs IA 51502-0498

FEC ID number of contributing federal political committee.

C

Name of Employer

Western Iowa Mutual Insurance Associat

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 23 2016

Transaction ID : ABACE248CF0434DD9B93

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Peter Pelizza

Mailing Address PO Box 5555

City State Zip Code
 Madison WI 53705-0555

FEC ID number of contributing federal political committee.

C

Name of Employer

Rural Mutual Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 07 2016

Transaction ID : A8CFAF951500643FAB2A

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Randall S. Peters

Mailing Address 9 N Branch Rd

City State Zip Code
 Cuba NY 14727-9200

FEC ID number of contributing federal political committee.

C

Name of Employer

Allegany Co-Op Insurance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 14 2016

Transaction ID : A8B34A78019664C49967

Amount of Each Receipt this Period

550.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Robison CPA, CPCU,

Mailing Address PO Box 2227

City

Fort Wayne

State

IN

Zip Code

46801-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brotherhood Mutual Insurance Company

Occupation

Chairman and President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 07 / 2016

Transaction ID : A6CD3F4CF6D444F32A6D

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Brian Sadler

Mailing Address 3448 160th St

City

Correctionville

State

IA

Zip Code

51016-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farmers Mutual Insurance Association o

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2016

Transaction ID : A441D4DB79A5C44EF9F0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Athan M. Shinas

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

03 / 31 / 2016

Transaction ID : AEEDFB57E7B9348BF944

Amount of Each Receipt this Period

208.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

758.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

03 / 07 / 2016

Transaction ID : A06398F39D0DB4A4CA50

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 17 / 2016

Transaction ID : A5E792372187444C49CA

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. John K. Smith CRM, CIC,

Mailing Address 2005 Market St
Ste 1200

City

Philadelphia

State

PA

Zip Code

19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

03 / 16 / 2016

Transaction ID : A1F41A77EB7404C3CB3E

Amount of Each Receipt this Period

95.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

345.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John K. Smith CRM, CIC,

Mailing Address 2005 Market St
Ste 1200

City State Zip Code
Philadelphia PA 19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 22 2016

Transaction ID : AE567E202DCF04E7A843

Amount of Each Receipt this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John K. Smith CRM, CIC,

Mailing Address 2005 Market St
Ste 1200

City State Zip Code
Philadelphia PA 19103-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2016

Transaction ID : A939D2E1D629148B7BDB

Amount of Each Receipt this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mr. Mark Splinter CPCU, ARE

Mailing Address PO Box 269

City State Zip Code
Wausau WI 54402-0269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual of Wausau Insurance Corporation

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 14 2016

Transaction ID : ADD17E22FBD2A462EB8C

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

440.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Stearns

Mailing Address 1510 N Elms Rd

City	State	Zip Code
Flint	MI	48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Field Property Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : A55EA7465E8F74875926

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City	State	Zip Code
Indianapolis	IN	46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : A5E17C531430B4842BD0

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City	State	Zip Code
Indianapolis	IN	46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : AD4F56E3E4A7846CD8A8

Amount of Each Receipt this Period

96.15

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

442.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 31 / 2016

Transaction ID : A561FCA7E802D4C88A42

Amount of Each Receipt this Period

96.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Terry Suttner

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 23 / 2016

Transaction ID : A9F1050BACEBC4276945

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Terry Suttner

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 31 / 2016

Transaction ID : AD01BDA0B40144661AF3

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

176.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan K. Taggart

Mailing Address PO Box 68

City	State	Zip Code
Remington	IN	47977-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Remington Farmers Mutual Insurance ComOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : AF0E29316146B41F4BE7

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Joe Thesing

Mailing Address PO Box 68700

City	State	Zip Code
Indianapolis	IN	46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual InsuranOccupation
Vice President - State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

Transaction ID : A623EF770C91E4958A84

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Joe Thesing

Mailing Address PO Box 68700

City	State	Zip Code
Indianapolis	IN	46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual InsuranOccupation
Vice President - State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : AE88E887F99304066904

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

580.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bruce D. Thomas PFMM

Mailing Address PO Box 594

City

Algona

State

IA

Zip Code

50511-0594

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heartland Mutual Insurance Association

Occupation

President

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016
Transaction ID : AE6B90026B66748F6962

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Gary W. Thompson CPCU, CIC

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

President/CEO

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2016
Transaction ID : AE38C6A7B900B4E5395B

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2016
Transaction ID : A487703B392F5424DB48

Amount of Each Receipt this Period

39.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

339.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 59

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Aaron J. Valentine

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Senior Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : A9FE72A7FA2F14CD38EE

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Aaron J. Valentine

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Senior Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : AF8E2041F63B045BF8AF

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Daniel West

Mailing Address 1510 N Elms Rd

City	State	Zip Code
Flint	MI	48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : AC74801E4CCD5492B9BA

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. William Woodbury

Mailing Address 6101 Anacapi Blvd

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

SVP, Secretary & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2775.01

Date of Receipt

03 / 10 / 2016

Transaction ID : AA5423054AA4C44FEA44

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey S. Wrobel Sr.

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual Assurance Society of Virginia

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

03 / 03 / 2016

Transaction ID : A96407BDC6AAB41979A4

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Robert M. Zak

Mailing Address 250 Main St

City

Buffalo

State

NY

Zip Code

14202-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merchants Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

03 / 16 / 2016

Transaction ID : A903201CE21C94E429B8

Amount of Each Receipt this Period

2750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5334.00

27118.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 59

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Nationwide Mutual Insurance Company Political Action CommitteeMailing Address One Nationwide Plaza
1-32-301City State Zip Code
Columbus OH 43215FEC ID number of contributing
federal political committee.

C C00076174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 28 2016**Transaction ID : A6D7340344CFA4540845**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 59
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. NAMIC Administrative Fund

Mailing Address 3601 Vincennes Rd

City State Zip Code
 Indianapolis IN 46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : AA6363819C5CD44B4BA3

Amount of Each Receipt this Period

79.27

☐ Memo Item

Reimb. of Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

79.27

79.27

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 59

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 8751 Michigan Rd

City State Zip Code
Indianapolis IN 46268-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : AB94CF9E08FB34781A0D

Amount of Each Receipt this Period

3.90

☐ Memo Item

Interest

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 8751 Michigan Rd

City State Zip Code
Indianapolis IN 46268-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : A6609D522F02648DCA9B

Amount of Each Receipt this Period

0.41

☐ Memo Item

Interest

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.31

4.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 59

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2016
Transaction ID : B1B25E0DFEB6D43D188B

Amount of Each Disbursement this Period

97.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc.

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2016
Transaction ID : B229D012D95AE4EE1A01

Amount of Each Disbursement this Period

137.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 8751 Michigan Rd

City Indianapolis State IN Zip Code 46268-3141

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2016
Transaction ID : BB1C8D964562948488FD

Amount of Each Disbursement this Period

107.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

342.86

342.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City
LexingtonState
KYZip Code
40588-2059Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Andy Barr IVOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : BF34E8F8D94F243D3971

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Building Leadership and Inspiring New Enterprise PAC

Mailing Address P.O. Box 96

City
Saint ElizabethState
MOZip Code
65075-0096Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼ Other2016

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : B9874547EFECF430998D

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carlos Curbelo Congress

Mailing Address 8770 SW 72nd Street

City
MiamiState
FLZip Code
33173-3512Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Carlos L. CurbeloOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B65EF42C73DAA4327833

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers for Congress

Mailing Address P.O. Box 137

City	State	Zip Code
Spokane	WA	99210-0137

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Cathy A. McMorris Rodgers

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA	District: 05	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : BE5BAA078AAF34A22875

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America Today PAC

Mailing Address 228 S Washington St Ste 115

City	State	Zip Code
Alexandria	VA	22314-5404

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:	Other2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : B923916DF026E4055BE5

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Democrats Reshaping America (DREAM PAC)

Mailing Address 50 E. Street SE

City	State	Zip Code
Washington	DC	20003-2620

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:	Other2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2016

Transaction ID : BFC0F24121C064A5CAFE

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Denham for CongressMailing Address 2150 River Plaza Dr.
#150

City Sacramento State CA Zip Code 95833-4131

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Jeff DenhamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2016

Transaction ID : B52AFC843896A4E91913

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dold for Congress

Mailing Address P.O. Box 6312

City Libertyville State IL Zip Code 60048-6312

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Robert J. Dold Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : BE2E0FB7788A04FB4A4C

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Duffy for Congress

Mailing Address P.O. Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Sean P. DuffyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : BE9E056FEA4D54774B6F

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Elise for Congress

Mailing Address P.O. Box 500

City Glens Falls	State NY	Zip Code 12801-0500
---------------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Candidate Name

Elise M StefanikOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B64A360A253ED412DA68

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Bill Posey

Mailing Address P.O. Box 411486

City Melbourne	State FL	Zip Code 32941-1486
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Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Bill PoseyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : B812A3015DA034EC5BD1

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland	State OH	Zip Code 44143-3710
-------------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Dave P. JoyceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B8CB96B0860FB4E4FB00

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Mia Love

Mailing Address P.O. Box 255

City

Riverton

State

UT

Zip Code

84065-0255

Purpose of Disbursement
Contribution to Committee

Candidate Name

Mia Love

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: UT

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : BCFE7429E88E04BC9AE3

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Pat ToomeyMailing Address 228 S. Washington Street
Suite 115

City

Alexandria

State

VA

Zip Code

22314-5404

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Pat J. Toomey

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: PA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : B95A71EE15BE64BE0A76

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address P.O. Box 5053

City

Concord

State

NC

Zip Code

28027-1500

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Richard L. Hudson Jr.

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: NC

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

Transaction ID : BAC6D1EC07E394754B00

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Huizenga for Congress

Mailing Address P.O. Box 254

City
ZeelandState
MIZip Code
49464-0254Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Bill P. HuizengaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : BA4628E5413584FBF833

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huizenga for Congress

Mailing Address P.O. Box 254

City
ZeelandState
MIZip Code
49464-0254Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Bill P. HuizengaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : B909F9B47E03340B9888

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City
WadsworthState
OHZip Code
44281Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Jim B. RenacciOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B5311BC266E944168A7E

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City	State	Zip Code
Bakersfield	CA	93389-2667

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : B4403F99C26784F909E0

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Leaders Only Unite (LOU PAC)

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152-0485

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼ Other2016

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

Transaction ID : B11F0CF5D286444F9AC2

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Martha Roby for Congress

Mailing Address P.O. Box 195

City	State	Zip Code
Montgomery	AL	36101-0195

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Martha RobyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : BBE31154097D24E8F97F

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Mutual Insurance Companies PAC

The image shows three stylized representations of the date 03/17/2016. Each representation is enclosed in a rounded rectangular frame. The first frame contains the number '03' and has 'M' in the top-left and top-right positions. The second frame contains the number '17' and has 'D' in the top-left and top-right positions. The third frame contains the number '2016' and has 'Y' in the top-left, top-middle, top-right, and top-far-right positions. The numbers are centered in the bottom half of each frame.

2000.00

Three digital displays showing the date in MM/DD/YYYY format: 03/17/2016.

1500.00

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Pioneer PACMailing Address 10 West Broadway
Suite 500

City Salt Lake City State UT Zip Code 84101-2099

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼
Other2016

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : BEA2AED905C404CCD822

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Poliquin for Congress

Mailing Address P.O Box 50

City Oakland State ME Zip Code 04963-0050

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Bruce L. PoliquinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : BB331604F7A8D4307BEC

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Rob J. PortmanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : B949C2080E1FF47749A7

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ron Johnson for Senate Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2016

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901-5005

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Ron H. JohnsonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Category/
Type**Transaction ID : B90AD7EA5CD294FFCAAC**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ron Johnson for Senate Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2016

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901-5005

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Ron H. JohnsonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District:

Category/
Type**Transaction ID : B502017E065C949E58FF**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Scott for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Tim E. ScottOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Category/
Type**Transaction ID : B0DD826D0BAF84B1E981**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Tom Reed for Congress

Mailing Address P.O. Box 10847

City
RochesterState
NYZip Code
14610-0847Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Tom W. Reed II

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

Transaction ID : B680FDA4206E4478DB15

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VoteTipton.com

Mailing Address P.O. Box 1582

City
CortezState
COZip Code
81321-1582Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Scott R. Tipton

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : B2E1D8E20ED994DC2913

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address P.O. Box 1091

City
Hood RiverState
ORZip Code
97031-0037Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Greg P. Walden

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : B29C5797DE2934224BF6

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Yoder for Congress, Inc.

Mailing Address P.O. Box 26742

City	State	Zip Code
Overland Park	KS	66225-6742

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Kevin W. YoderOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : B1121CBD464C14BDBB18

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Young for Iowa, Inc.

Mailing Address P.O. Box 162

City	State	Zip Code
Van Meter	IA	50261-0162

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. David E. YoungOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : B81CBD64145414AD794F

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

80500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 59

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Larry Martin for S.C. Senate

Mailing Address P.O. Box 247

City Pickens	State SC	Zip Code 29671-0247
-----------------	-------------	------------------------

Purpose of Disbursement
Contribution to Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2016

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2016

Transaction ID : BBE53DF6E4B714B71BF9

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Gambrell Special Senate Election

Mailing Address 400 Filter Plant Road

City Honea Path	State SC	Zip Code 29654-9129
--------------------	-------------	------------------------

Purpose of Disbursement
Special Election District 4

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For: 2016
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2016

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : BC5C2A439E13E40C2B4D

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00
